

PRESCHOOL REGISTRATION FORM

Child's Full Name: _____ Sex: _____

Name by which the child is called: _____ Birth Date: _____

Street Address: _____ Telephone: _____

Mailing Address: _____

Father's Name: _____ Occupation: _____

Home Address: _____

Business Address: _____ Telephone: _____

Mother's Name: _____ Occupation: _____

Home Address: _____

Business Address: _____ Telephone: _____

Church Membership/Religious Preference: _____

Child's Physician: _____

Other Children in the Family: _____ Ages: _____

Is there additional information about the mental, emotional or physical condition of your child that you think would help us better understand him/her? _____



In case of emergency when mother or father cannot be reached, list two alternatives:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Please indicate the session you would like your child to attend:

_____ 3year old Tues/Thurs Mornings 9:00-11:30

_____ 3 year old Mon/Wed/Fri Mornings 9:00-11:30

_____ 4 year old Tues/Thurs Mornings 9:00-11:30

_____ 4year old Mon/Wed/Fri Mornings 9:00 -11:30

